A SEWER CAP PERMIT SHALL BE OBTAINED FROM PUBLIC SERVICE PRIOR TO APPLICATION



CITY OF LANSING BUILDING SAFETY OFFICE 316 N CAPITOL AVE SUITE C-1 LANSING, MI 48933-1238 (517) 483-4356

Permit #	

DEMOLITION PERMIT APPLICATION

CHIO				
DATE:				
DEMOLITION ADDRESS:				
DEMOLITION REQUESTED BY:				
APPLICANT NAME:		DAY/PHONI	<u> </u>	
APPLICANT ADDRESS:				
PROPERTY OWNER:		DAY/PHONI	≡ <u>(</u>)	
PROPERTY OWNERS ADDRESS:				
Consumer's Power letter provided? Date:		 		
Board of Water & Light letter provided? Date:				
Building Use:	of Stories:			
Intended Use of Property:				
Work to be done under this permit <u>must</u> of other applicable laws and ordinances. APPLICANT SIGNATURE		•	_	Code and all
For	Office Use Only			
<u>License required? □ Yes □ No</u> <u>License current</u>	?□Yes□No	TOTAL FEE:		
Zoning District:				
□ A □ B □ C □ DM-1 □ DM □ E-1 □ E-2 □ F □ F-1 □ G	_	□ DM-4 □ H	□ D-1 □ I	□ D-2 □ J
		□ II	□ ,	 Б у
Yes No Reviewed for historical sign	lificance?			
Reviewed by:	Date:			
Approved Disapproved If of	disapproved was ow	ner notified?	Yes	No
Comments:				
Director Signature (or authorized representative)		Date:		
Building Office Approval:			_ Date:	